

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26661

State File No.

6453

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4100 A. Shenandoah  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 (Specify whether  
In this community 1 years, months or days)

3. (a) PRINT FULL NAME Laura Jolley

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife James A. Jolley 6. (c) Age of husband or wife if alive Dec 25 1861 years (Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 12 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Frances Randol

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth O'Hara

15. Birthplace Canada (City, town, or county) (State or foreign country)

16. (a) Informant Audrey M. Dalley

(b) Address 4100 A. Shenandoah Ave.

17. (a) Burial (b) Date thereof 8 10 41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graveyard

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) AUG 1 1941 (b) J. J. Bridick (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4100 A. Shenandoah Ave. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No

Yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 6 year 1941 hour 9:30 minute P M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis following ruptured Diverticulum Duration 10 min

Due to 1176

Due to 1176

Other conditions 1176 (Include pregnancy within 3 months of death)

Major findings: Of operations 1176

Of autopsy 1176

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 1176

(b) Date of occurrence 1176

(c) Where did injury occur? (City or town) (County) (State) 1176

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1176

While at work? (Specify type of place) (e) Means of injury 1176

23. Signature Thomas J. Callahan (M. D. or other) 3

Address County Carone Date signed 8/7/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17  
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*John M. Meyer*

Licensed Embalmer No. *3288*

P. O. Address. *Kirkwood, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**